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PTO/SB/22 (12-04) Approved for use through 07/31/2006. OMB 0651-0031

| _   | Under the   | paperwork Reduction Act of 1995, no persons are rec |            |                             | DEPARMENT OF COMMERCE ays a valid OMB control number. |  |
|---|---|---|------------|-----------------------------|---|--|
| ,Rel  | $T_{A}$   | N FOR EXTENSION OF TIME UNDER                       |            | Docket Number (Option       |   |  |
| FY 2005   |   |   |            | 50269-0585                  |   |  |
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |   |   |            |                             |   |  |
| Application Number 10/057,735   |   |   |            | Filed January 22, 2002      |   |  |
| For Providing Instant Messaging Functionality in Non-Instant Messaging Environments   |   |   |            |                             |   |  |
| Art Unit 2144   |   |   |            | Examiner Maniway, Joseph R. |   |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |   |   |            |                             |   |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |   |   |            |                             |   |  |
|   |   |   | <u>Fee</u> | Small Entity Fee            | •   |  |
|   |   | One month (37 CFR 1.17(a)(1))                       | \$120      | \$60                        | \$  |  |
|   |   | Two months (37 CFR 1.17(a)(2))                      | \$450      | \$225                       | \$  |  |
|   | $\boxtimes$   | Three months (37 CFR 1.17(a)(3))                    | \$1020     | \$510                       | <b>\$</b> <u>1020.00</u>                              |  |
|   |   | Four months (37 CFR 1.17(a)(4))                     | \$1590     | \$795                       | \$  |  |
|   |   | Five months (37 CFR 1.17(a)(5))                     | \$2160     | \$1080                      | \$  |  |
|   | Applicant claims small entity status. See 37 CFR 1.27.  |   |            |                             |   |  |
| $\boxtimes$   | A check in the amount of the fee is enclosed.   |   |            |                             |   |  |
|   | Payment by credit card. Form PTO-2038 is attached.  |   |            |                             |   |  |
|   | The Director has already been authorized to charge fees in this application to a Deposit Account. |   |            |                             |   |  |
| The Director is hereby authorized to charge any ADDITIONAL fees which may be required, or credit any  |   |   |            |                             |   |  |
| overpayment, to  Deposit Account Number 50-1302  Lihave enclosed a duplicate copy of this sheet.  |   |   |            |                             |   |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                      |   |   |            |                             |   |  |
| I am the applicant/inventor.  |   |   |            |                             |   |  |
| assignee of record of the entire interest. See 37 CFR 3.71.   |   |   |            |                             |   |  |
| Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  |   |   |            |                             |   |  |
| attorney or agent of record. Registration Number 58,764   |   |   |            |                             |   |  |
| attorney or agent under 37 CFR 1.34.  |   |   |            |                             |   |  |
| Registration number if acting under 37 CFR 1.34   |   |   |            |                             |   |  |
| 01/11/07  |   |   |            |                             |   |  |
| Signature Date  |   |   |            |                             |   |  |
| /<br>/Joseph M. Olsen 408.414.1233  |   |   |            |                             |   |  |
| _   | V   | Typed or printed name                               |            |                             | none Number   |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |   |   |            |                             |   |  |
| ☐ Total of 1 forms are submitted.   |   |   |            |                             |   |  |

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.